

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-3-00
O.I.P.E. CLASSIFIER		10	8-9-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	hw	24830	9-14

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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